

C1 3825

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A 18046

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 01 14 04

Depth of Well 22 300 26 2/10/04 (TO NEAREST FOOT) O.K. (BB)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-3798

OWNER Scarcia, J. STREET OR RFD Highland Road TOWN Clarksville SUBDIVISION Clifton Property SECTION LOT 2

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown shale, Gray limestone, White, and Gray limestone.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (16), NO. OF POUNDS (1304), GALLONS OF WATER (96), DEPTH OF GROUT SEAL (0 to 47 ft).

CASING RECORD Form: casing types (ST), MAIN CASING TYPE (ST), Nominal diameter (06), Total depth (84).

OTHER CASING (if used) Form: diameter, depth (feet) from to.

SCREEN RECORD Form: screen type (ST), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) CIRCLE APPROPRIATE LETTER (A, E, P)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD 009, DRILLERS SIGNATURE, LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

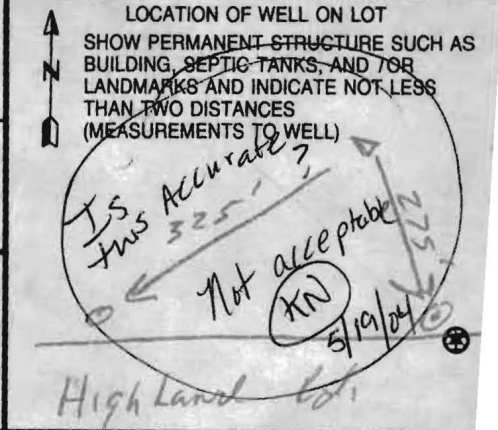
DEPTH (nearest ft.) Form: 1 HO 84 2 300

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST Form: HOURS PUMPED (03), PUMPING RATE (8), METHOD USED TO MEASURE PUMPING RATE (190L), WATER LEVEL (33 ft before, 85 ft when pumping), TYPE OF PUMP USED (A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible).

PUMP INSTALLED Form: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (29), CAPACITY: GALLONS PER MINUTE (31 to 35), PUMP HORSE POWER (37 to 41), PUMP COLUMN LENGTH (43 to 47), CASING HEIGHT (49 above, 49 below), LAND SURFACE (02 ft).



B 1 6023

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

410-94-3798 fill in this form completely

518952 please type

Date Received (APA) 050203

OWNER INFORMATION

Scarcia Jeffrey 5007 Stewart Ct College Park, Md 20740

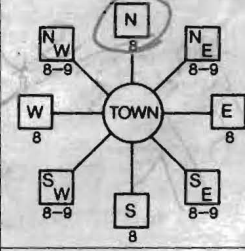
LOCATION OF WELL

Howard 23 SUBDIVISION SECTION 44 46 LOT 27 52 NEAREST TOWN Clarksville MILES FROM TOWN 15

DRILLER INFORMATION

Allen Compton M SD 009 Fogles Well Drilling 580 Obrecht Rd. 4-29-03

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Highland Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 160 TAX MAP: 34 BLK: PARCEL 313

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 18046 COUNTY NO. STATE SIGNATURE DATE ISSUED 9/11/03 CO SIGNATURE Rache Norman 9/11/04 NORTH GRID 502 EAST GRID 805

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

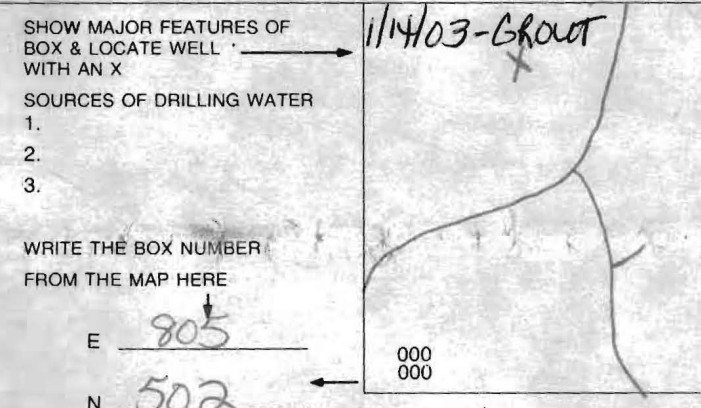
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER G PERMIT No. 410-94-3798

SPECIAL CONDITIONS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD009

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: T Jeff Scarica Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3798
Site Address: 13629 Highland Rd

Submersible Pump Data

Make: Grundfos
Model #: 1550G1DC220
Pump Capacity: 15 GPM
Well Yield: 8 GPM

Pitless Adapter

Make: Campbell
Model#: MA
Depth: 36 (36" min)
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 300 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton 10/19/06
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 10/27/06 (RW)
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

Inspected 10/27/06



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by owner
on 5-1-03 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

PARCEL 314

S 57°26'35" W 153.56'

SHED

TAC Map 34
Parcel 313
Woodbine Road
Lot 2
Clyton Link
Property

8" TREE

480

9/11/03
Well site
ok. Staked
by owner.
no map
PARCEL 312 (KN)

PROP. WELL

N 23°58'46" W 433.64'

MACADAM DRIVE

470

S 17°59'00" E 342.90'

Area
authorized
& approved
by CW in
1999. in
CW's letter

PARCEL 303

PARCEL 291

460

S.R.A.

450

10' WIDE TREE ROW

1:50

PIPE FOUND

440

S 73°52'05" E 191.75'

430

N 32°57'34" E 103.08'

EXISTING PAVING

ROAD

PIPE
1560.
1317

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1415 Old Laneysown Rd., Westminster, MD (410) 848-3044 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	64642	Account #:	1930
Reference:	Jeff	Company:	Fogle's Well Drilling
Location:	13629 Highland Road Highland, MD 20777	Requested By:	Dave Fogle
Date/ Time Collected:	7/26/2007 0900	Source:	Well Water
Date/Time Rec'd:	7/26/2007 1430	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VF-FS	pH:	6.3
		Well #:	HO-94-3798

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/27/2007 / 0855 / AD/BD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.	7/27/2007 / 0855 / AD/BD
Nitrate	<1.0	mg/L	10	601	7/26/2007 / 1515 / AD/BD
Turbidity	1.78	NTU	<10	SM18 2130B	7/26/2007 / 1500 / AD/BD
Sand	NS	mg/L	5	Visual/Gravimetr	7/26/2007 / 1500 / AD/BD

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : 00149463

Date Reported: 8/6/2007



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

August 8, 2007

Jeffrey Scarcia
5007 Stewart Court
College Park, MD 20746

RE: Clifton Link Property, Lot 2
13629 Highland Road
Clarksville, MD 21029
BP #: B00149463
Well Permit # HO-94-3798

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/04/2006. Final approval of the well line connection to the dwelling was approved on 10/27/2006.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

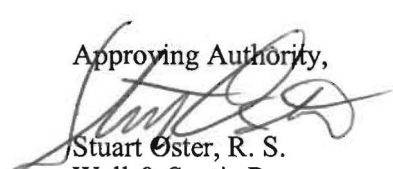
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3798. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

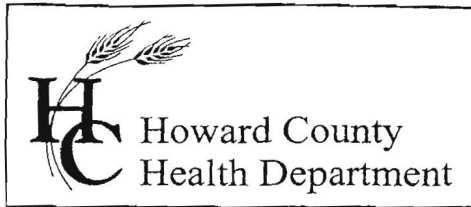
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/26/2007
Date of Well Completion: 01/14/2004

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 21, 2004

John C. Mellema Sr., Inc.
Land Surveyors
5409 East Drive
Baltimore, MD 21227

Re: Clifton-Link Property, Lot 2
Tax Map: 34 Parcel: 313
Drilled well location

Dear Mr. Mellema:

Our office is requesting verification of the location of the well, tag # HO-94-3798, on the above referenced property. Mr. Snovell, an engineer representing the property owner, presented a plan showing the well drilled was approximately 40' from the south lot line, shared by an existing lot. Our office approved on 9/11/2003 for a well to be drilled 10' from that property line (N 29degree 58hours 46minutes W 433.64'). On 5/19/2004 the site inspection of the well location appeared to be drilled per the location approved by the Approving Authority.

As a side note, the plan presented to the Health Department and approved May 20, 1999 showed a septic area with steep slopes not identified. We will need in the future slopes 25% or greater in the septic easement shaded and noted.

In order to continue with the process, we are requesting a licensed surveyor to verify the location of the newly drilled well. If you have any questions, call 410-313-1775. Thank you for your time in this important matter.

TEO SNOVELL

410-356-0625

KN

Enclosures

Cc: file

Radon? Test Your Home 1-800-SOS-RADON

PARCEL 314

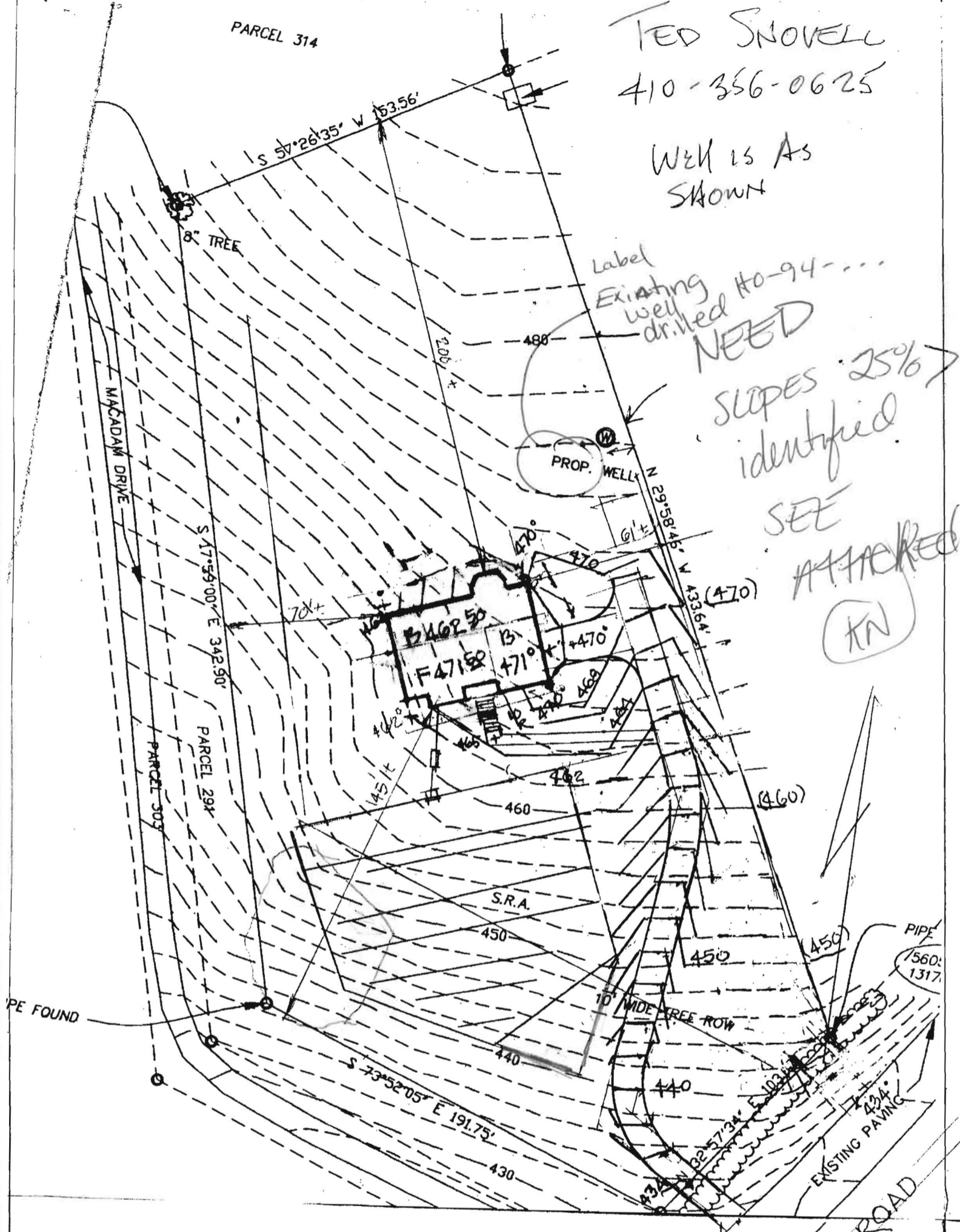
TED SNOVELL
410-356-0625

WELL IS AS
SHOWN

Label
Existing
well
drilled
NEED

SLOPES 25%
identified

SEE
ATTACHED
(KN)



SITE PLAN

CLIFTON C. LINK JR. PROPERTY
LOT 2

13629 HIGHLAND ROAD
5TH ELECTION DISTR.
HOWARD CO., MD

SCALE = 1" = 50' DATE 6-17-04

PLAT BY LDC MAP 24 P 313
9417 ASHLIN CIR
OWINGS MILLS MD 21117
410-356-0625

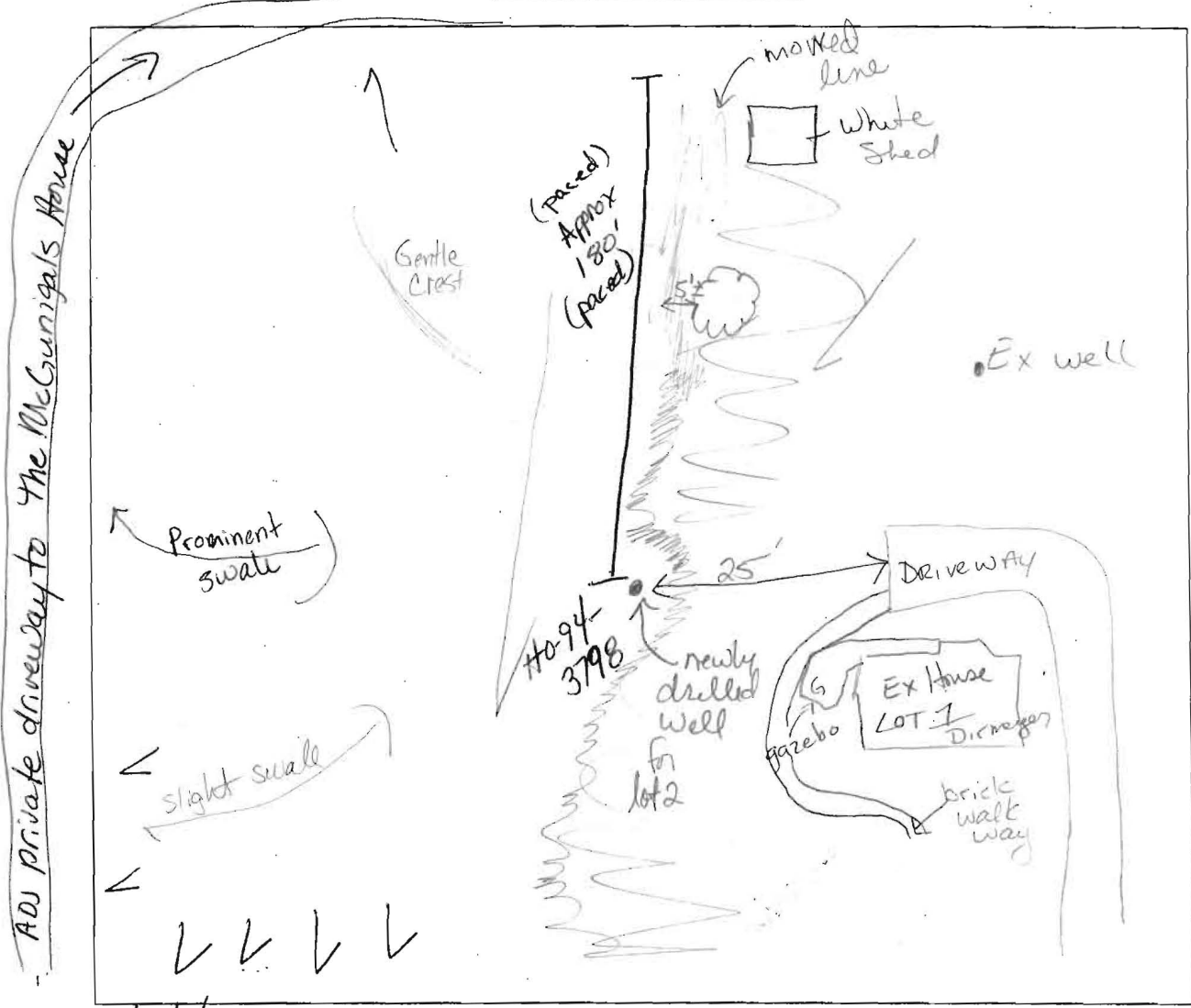
OWNER:
J. SCARCIA
5007 STEWART CT
COLLEGE PARK, MD 20740

HIGHLAND ROAD

SITE INSPECTION SHEET

OWNER: Clifton-Link Property PHONE #: _____
ADDRESS: Highland Rd. - Clarksville CONTRACTOR: Fogles / Allan Compton
WELL TAG #: HO-94-3798
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: identify location of well drilled.

LOCATION DIAGRAM



5/19/04
COMMENTS: Well site location appears to be drilled per loc. approved (10' off lot line). Surveyor/owner ensure well drilled 10' from lot line? Paced 180' FROM BACK lot line to well - Possible concern w/area approved previously by CW for SDA (slopes ~ 25%)
DATE: 5/19/04 INSPECTOR: Kacie Norman in some area
5/19 CALLED ENGINEER ABOUT STEEP SLOPES & outcome of well site insp (CN) Snovell 410-356-0625